FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V54430

1. Corporation Name

SEASHORE INDUSTRIES, INC.

Principal Place of Business

215 LAKERVIEW AVE. #4

LANTANIA EL 39469

Mailing Address

215 LAKEVIEW AVE., #4 LANTANA FL 33462

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90093 035 ***150.00



US	2402	EMMINION I C SOADE				DO NOT WRITE IN THIS SPACE			
-						3. Date Incorporated or Qualifed	1		
						07/27/1992			
2. Principal P	lace of Business	2a. Mailing Address	····		Novi	4. FEI Number			Applied For
	BY MAID! DI	26 0000	LIC	<u>)r</u>	Drive	65-0353630			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	J		_	5. Certifcate of Status Desired			Additional Required
City & State	Palm Poh F	City & State West	Pa	In	n deac	 Election Campaign Financing Trust Fund Contribution 			0 May Be d to Fees
Zip	Country	Zip	Cou	intry	\sim	8. This corporation owes the cu	rrent year Inta	ngible	
4	25 USA	29 30	ا [ا	Ľ		Personal Property Tax.		Yes	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New	Registered A	Agent	
				81	Name				
	IER, AMY LYNN			82	Street Addre	ess (P.O. Box Number is Not Accep	table)		
215 LAKEVIEW AVE., #4					2				
LAN	TANA FL 33462			83		- : 			
	,			84	City		FL	85 Zi ₁	p Code
	to the provisions of Sections 607.0502	and 607 1509 Elerida Statutos	the a		named corno	ration submits this statement for th	a numosa of	changing i	its registered
 Pursuant office or r 	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligation	of Florida. Such change was aut	, are a nonzed	d by	the corporatio	n's board of directors. I hereby acc	ept the appoir	tment as	registered
agent. I a	m familiar with, and accept the obligation	ions of, Section 607.0505, Florid	a Stat	utes.	11-	~ 100			
SIGNATURE	WING TL		austore 1	I Acce	t signature required	when reinstading)	DATE		
12	Signature, speed or printed name of registered agent OFFICERS ANI		13,	· whau	r ordinatorial (actingan	ADDITIONS/CHANGES TO O		D DIRECT	TORS IN 12
TITLE	PS :	DELETE	111	TLE			<u> </u>	Change	
	FISHER, AMY LYNN		1.2 N					Ţ	
NAME	ALE LAVESHELD AND MA				ADORESS				
STREET ADDRESS	LANTANA FL-33462		•	ITY-ST	1				
CITY-ST-ZiP	LAITAIN TE-93402	☐ DELETE	2.1 TT		1-211	<u> </u>		☐ Chang	e Addition
TITLE		<u> </u>	2.2 N		1			_ •	_
NAME			1		ADDRESS				
STREET ADDRESS		·		TY-S					
CITY-ST-ZIP		☐ DELETE	3.1 TT		1-01			Change	e Addition
TITLE	{	C DCCC1C	3.1 N					_ •	
NAME :	<u> </u>				ADDRESS				
STREET ADDRESS	,	•			1				
CITY-ST-ZIP		☐ DELETE	3.4. C	ITY-S	1-219			Chang	e Addition
TITLE	}	C VELETE	4.1 II						_
NAME.					ADDRESS				
STREET ADDRESS	}				1				
CITY-ST-ZIP		□ DELETE	4.4 C	ITY-SI	1-AP			Chang	e Addition
TITLE			5.2 N			•			-
NAME					ADDRESS				
STREET ADDRESS				ITY-SI					
CITY-ST-ZIP	1. 10	☐ DELETE	6.1 TI		-			Chang	e Addition
TITLE 1.7	(4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	E) Deter	6.2 N						
, outil					ADDRESS				
STREET ADDRESS	See The Early		•	ITY-SI					
CITY OT 7ID	1		■ 6.4 C	IIY-S	1.41				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with an address, with all other like empowered.

SIGNATURE: